

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 10/619785  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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50	/		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	2/18/05		8/22/05			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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100						
TOTAL IND.	4		4			
TOTAL DEP.	47		25			
TOTAL CLAIMS	51		29			